

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/596,998
	Filing Date	
	First Named Inventor	Clark, Robin D.
	Title	AZADECALIN GLUCOCORTICOID RECEPTOR MODULATORS
	Art Unit	
	Examiner Name	
Attorney Docket Number		019904-003010US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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20350

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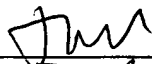
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	10/31/06
Name	Joseph K. Belanoff, M.D.	Telephone	650-327-3270
Title and Company	CEO Concept Therapeutics		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.